

Suk Law Firm

Client Information Questionnaire - Automobile Accident

Please fill in this form to the best of your ability. In the event that you cannot answer a question in the space provided, please use the last page.

Today's Date: _____ Home Tele: _____
Client Name: _____ Work Tele: _____
Maiden Name: _____ Cell: _____
Address: _____

Email Address: _____
Webpage Address: _____
(i.e. Myspace, Facebook, etc.)
Second Address: _____

Name of Spouse: _____

General Information

Date of Accident: _____ Social Sec. No.: _____
Are you a minor? _____ Drivers Lic. No.: _____
Date of Birth: _____ Mayo Clinic No.: _____
Date of Death (if applicable) _____
Have you ever been charged with, pled guilty to, or been convicted of any felony, any crime of dishonesty (i.e., perjury, filing false information, etc.)? _____
If yes, please explain: _____

Employment Information

Present Employer: _____
Address: _____

Position Held: _____
Length of Employment: _____
Would it be acceptable for our office to telephone you at work? Yes ___ No ___

Emergency Contact Information

Who should we contact in case of an emergency?
Name: _____
Address: _____

Relationship: _____
Home Tele: _____
Work Tele: _____

Your Auto Insurance Information

Insurance Co.: _____ Tele No.: _____
Adjuster's Name: _____ Policy No.: _____
Address: _____ Effective Dates: _____ to _____

Claim No.: _____

Do you have an umbrella policy? _____

If yes, with what insurance company? _____

Your Health Insurance Information

Insurance Co.: _____ Tele No.: _____

Address: _____ ID No.: _____

Have you ever been (presently or in the past) a recipient of any of the following federal programs? (Check all that apply.)

- € Medicare
- € Medicaid
- € UCare
- € Social Security Disability Insurance (SSDI)
- € Supplemental Security Income (SSI)

Opposing Party Information

Name: _____ Insurance Co.: _____

Address: _____ Adjuster's Name: _____

Adjuster's Address: _____

Date of Birth: _____

Date of Death: _____ Policy No.: _____

Claim No.: _____

Accident Information

Intersecting Roadways: _____ Was alcohol or drug use involved in the accident? _____

City/County/State: _____ Witnesses: _____

Time of Accident: _____ am/pm _____

Weather Conditions: _____

Property Damage: \$ _____

Who investigated the accident? City/Local Police, State Patrol, Sheriff Department, Other: _____

Please list your injuries which resulted from this accident: _____

Where did you go for treatment? _____

When did you first go for treatment? _____

Have you ever had similar injuries in the past or symptoms related to the parts of your body which you injured in this accident? Yes _____ No _____. If yes, please explain: _____

Have you ever been involved in an accident where you were injured before this accident, or ever made a claim for workmen's compensation? Please explain when the accident occurred, what your injuries were, and if a claim was made: _____

Medical Information

Please list your present and past medical providers for the past 10 years, including chiropractors and/or your family physician.

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Hospital/Clinic: _____ Hospital/Clinic: _____

Doctor: _____ Doctor: _____

Telephone: _____ Telephone: _____

Referral Source Information

How did you find out about the Suk Law Firm? _____

If another person or persons referred you to us, may we know who?

Name: _____ Name: _____

Address: _____ Address: _____

Have you heard about us, read about us, or seen us in any other form of advertising?

In selecting an attorney for your present claim, what qualities were you seeking in a law firm?

Which telephone book do you use?

_____ Quest Dex _____ Yellow Book

_____ Other (Which one?) _____